

Fill in this information to identify the case:

Debtor name **232 SEIGEL ACQUISITION LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**Case number (if known) **20-22845**

Check if this is an amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.

Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address NYC Dept of Finance attn: Legal Affairs 345 Adams St, 3rd Floor Brooklyn, NY 11201-3719	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$25,908.38 \$25,908.38
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Advanced Builders Services NY Corp 18 Heyward St, 3rd Floor Brooklyn, NY 11249	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,486.50
		<input type="checkbox"/> Contingent
		<input type="checkbox"/> Unliquidated
		<input type="checkbox"/> Disputed
	Date(s) debt was incurred <u>7/5/2016</u>	Basis for the claim: Trade debt
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	Nonpriority creditor's name and mailing address All Island Masonry & Concrete Inc 16 Wanda Terrace Farmingville, NY 11738	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,688,670.16
		<input type="checkbox"/> Contingent
		<input type="checkbox"/> Unliquidated
		<input type="checkbox"/> Disputed
	Date(s) debt was incurred <u>4/4/16 and 7/5/16</u>	Basis for the claim: Trade debt
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.3	Nonpriority creditor's name and mailing address Dunn Co Safety LLC 46-39 11th St Long Island City, NY 11101	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$49,610.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
		Basis for the claim: Safety Management	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.4	Nonpriority creditor's name and mailing address ER 215 Moore Holdings LLC c/o Goulston & Storrs PC 400 Atlantic Avenue Boston, MA 02110-3333	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$4,500,000.00
	Date(s) debt was incurred _____	<input checked="" type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
		Basis for the claim: Guarantee	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.5	Nonpriority creditor's name and mailing address ISSM Protective Service Inc. 33 Mountain Ave Monsey, NY 10952	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$19,426.61
	Date(s) debt was incurred <u>11/1/2016</u>	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
		Basis for the claim: Trade debt	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.6	Nonpriority creditor's name and mailing address Mint Construction 55 North 10th Street Brooklyn, NY 11249	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$400,000.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.7	Nonpriority creditor's name and mailing address Richard Rivera c/o Newman Anzalone & Newman, LLP Attn Gregory Newman 95-25 Queens Blvd, Fl 11 Rego Park, NY 11374	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: Personal Injury	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.8	Nonpriority creditor's name and mailing address Salamon Engineering Pllc 330 West 38th St, Suite 402 New York, NY 10018	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$92,900.00
	Date(s) debt was incurred <u>5/8/2015</u>	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: Trade debt	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.9	Nonpriority creditor's name and mailing address Structural Engineering Technologies, P.C. 40-12 28th St Long Island City, NY 11101	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$27,925.00
	Date(s) debt was incurred <u>6/10/2015</u>	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
		Basis for the claim: Trade debt	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 3: List Others to Be Notified About Unsecured Claims

Debtor **232 SEIGEL ACQUISITION LLC**
Name _____Case number (if known) **20-22845****4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2.** Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address		On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Siegel & Siegel One Penn Plaza 2414 Attn Michael D Siegel New York, NY 10119	Line <u>3.3</u>	—
		<input type="checkbox"/> Not listed. Explain _____	

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts		
5a.	\$	25,908.38
5b.	+	6,786,018.27
5c.	\$	6,811,926.65